

## FAX TRANSMITTAL

**TO: 1% Broker Referral Department**      **Fax Number: 215-361-3009**  
**FROM: \_\_\_\_\_**      **Date: \_\_\_\_\_**

### REFERRING CLIENT INFORMATION

Referring Employee: _____	Company Name: _____
Phone No.: _____	Fax No.: _____
E-Mail: _____	

### CUSTOMER INFORMATION

Customer's Name: _____	
Alternate Contact: _____	Best Time to Call: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Phone No.: _____	Fax No.: _____
E-Mail: _____	

### PROPERTY INFORMATION

Property Address: _____	
Property Type:	No. of rental units (if applicable): _____
<input type="checkbox"/> Multifamily <input type="checkbox"/> 5+ units <input type="checkbox"/> 7+ units in NJ & NY	No. of units currently rented: _____
<input type="checkbox"/> Mixed-use <input type="checkbox"/> contains at least 1 commercial & 1 residential unit	<input type="checkbox"/> Owner occupied <input type="checkbox"/> Investment
<input type="checkbox"/> Office, business activity: _____	If owner-occupied, what percentage: _____%
<input type="checkbox"/> Retail, business activity: _____	Comments: _____
<input type="checkbox"/> Warehouse, fastening and light assembly only	
<input type="checkbox"/> Light industrial, fastening and light assembly only	

### LOAN INFORMATION

Loan Purpose: <input type="checkbox"/> Purchase	<input type="checkbox"/> Rate & Term Refinance	<input type="checkbox"/> Cash-Out Refinance
Purchase Price: \$ _____	Current Loan Balance: \$ _____	
Down Payment: \$ _____	Est. Appraised Value: \$ _____	
Seller Contributions: <input type="checkbox"/> No <input type="checkbox"/> Yes, how much \$ _____	Current Interest Rate: _____%	
Borrower: <input type="checkbox"/> Person <input type="checkbox"/> Entity, personal guarantor: _____	Any second liens? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Existing lease/rental agreements? <input type="checkbox"/> No <input type="checkbox"/> Yes (please request copies)	Existing lease/rental agreements? <input type="checkbox"/> No <input type="checkbox"/> Yes (please request copies)	
Operating expenses: \$ _____ (e.g., property tax, insurance utilities) (please request copy of the operating financials maintained by property owner)	Operating expenses: \$ _____ (e.g., property tax, insurance utilities) (please request copy of the operating financials maintained by property owner)	
Desired Program:	<input type="checkbox"/> 2/6 ARM	<input type="checkbox"/> 3/6 ARM <input type="checkbox"/> 5/6 ARM
	<input type="checkbox"/> 7/6 ARM	<input type="checkbox"/> 10/6 ARM <input type="checkbox"/> 15-Year Fixed
	<input type="checkbox"/> 20-Year Fixed	<input type="checkbox"/> 25-Year Fixed <input type="checkbox"/> 30-Year Fixed